

CLIENT SATISFACTION SURVEY

Please take a few moments to complete this questionnaire. Your comments help improve Confidential Intermediary Services. Please return the completed questionnaire to:

Maryland Department of Human Services
Social Services Administration
Search, Contact, and Reunion Services
311 West Saratoga Street
Baltimore, Maryland 21201

Name of the Confidential Intermediary (CI): _____

Name of Local Department or Child Placement Agency: _____

Please check your answer to each item below. The one (1) means unsatisfactory and five (5) means very satisfactory:

- A. Your overall satisfaction? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
- B. Your CI's professionalism? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
- C. Your CI's courtesy? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
- D. Your CI's knowledge? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
- E. Your CI's sensitivity to your needs? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
- F. Has your search resulted in an exchange of identifying information? Yes ☐ No ☐
- G. If CI services were provided through a private child placement agency, were fees for CI services reduced or waived? Yes ☐ No ☐
- H. Did your CI suggest counseling or other supportive services? Yes ☐ No ☐ N/A ☐
- I. Would you recommend CI services to others? Yes ☐ No ☐
- J. Would you be willing to share your experience for the purpose of publicizing CI services? Yes ☐ No ☐ N/A ☐ If yes, please provide your name, address and phone number:

- K. Is there anything you want to suggest that could have improved the service you received?
Yes ☐ No ☐ Please provide your comments on the back of this form.